VIRGINIA MEDICAID REQUEST FOR Service AUTHORIZATION KETEK®

COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for service authorization (SA) must include patient name, Medicaid ID#, drug name, and appropriate clinical information to support the request on the basis of medical necessity. Please include all requested information; incomplete forms will delay the SA process. **Submission of documentation does not guarantee coverage by the Department of Medical Assistance Services and final coverage decisions may be affected by the specific Medicaid Limitations.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.
Requests may be mailed to: Magellan Medicaid Administration / 11013 W. Broad St / Glen Allen, VA 23060 / ATTN: MAP
All questions must be answered. By signing this request, the physician accepts understanding of the contraindications and warnings concerning the use of Ketek® and acknowledges that the benefits of using the drug outweigh the possible risks.

Today's Date: ___ ___/___ ___/___ ___ ___ ___ Requested Start Date: ___ ___/___ ___/___ ___ ___ ___

PATIENT INFORMATION

Name: (Last, First) _____ **Medicaid ID#: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___**

Date of Birth: ___ ___/___ ___/___ ___ ___ ___ **Gender:** □ **Male** □**Female**

DRUG INFORMATION

Drug Name, Dosage Form & Strength:	Quantity Per Day:

Is KETEK® is being used for the treatment of community-acquired pneumonia (of mild to moderate severity) Yes No

Is the microorganism being treated one of the following? Yes No If yes which one? _____

Streptococcus pneumoniae, *Haemophilus influenzae*, *Moraxella catarrhalis*, *Chlamydophila pneumoniae*, or *Mycoplasma pneumoniae*.

Is there any reason the patient cannot be changed to a medication not requiring prior approval? Yes No If yes, please explain:

Contraindications

- KETEK® is contraindicated in patients with myasthenia gravis. Exacerbations of myasthenia gravis have been reported in patients and sometimes occurred within a few hours of the first dose of KETEK. Reports have included fatal and life threatening acute respiratory failure with a rapid onset and progression.
- KETEK® is contraindicated in patients with previous history of hepatitis and/or jaundice associated with the use of KETEK® tablets, or any macrolide antibiotic.
- KETEK® is contraindicated in patients with a history of hypersensitivity to telithromycin and/or any components of KETEK® tablets, or any macrolide antibiotic.
- Concomitant administration of KETEK® with cisapride or pimozide is contraindicated.

Warnings

Possible: Hepatotoxicity; prolongation of the QTc interval that may lead to an increased risk for ventricular arrhythmias, including torsades de pointes; Visual disturbances particularly in slowing the ability to accommodate and the ability to release accommodation. Visual disturbances included blurred vision, difficulty focusing, and diplopia. Loss of consciousness has been reported in post-marketing adverse event reports of transient loss of consciousness including some cases associated with vagal syndrome.

PRESCRIBER INFORMATION

Name (print):_____ **NPI Number:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Phone Number: (___ ___ ___) ___ ___ ___-___ ___ ___ ___ **Fax Number:** (___ ___ ___) ___ ___ ___-___ ___ ___ ___

Signature of Prescribing Provider: _____

By signing this request, I understand the contraindications and warnings concerning the use of Ketek® and acknowledge that the benefits of using the drug outweigh the possible risks.

PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS

FAX TO 800-932-6651
SERVICE AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE
http://www.virginiamedicaidpharmacyservices.com